

# Best Available Copy

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10 / 555919** FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2			1				
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43			1				
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46			1				
47			1				
48			1				
49			1				
50			1				
TOTAL IND.			1				
TOTAL DEP.			11				
TOTAL CLAIMS			12				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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S47							
S48							
S49							
S50							
TOTAL IND.			1				
TOTAL DEP.			11				
TOTAL CLAIMS			12				